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CONFIRMATION NO. 2416

<b>SERIAL NUMBER</b> 10/058,835	<b>FILING OR 371(c) DATE</b> 01/30/2002 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> UMICH-11		
<b>APPLICANTS</b> Thomas Richardson, Ann Arbor, MI; David J. Mooney, Ann Arbor, MI;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/264,713 01/30/2001						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> <b>** SMALL ENTITY **</b> 03/19/2002						
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23599						
<b>TITLE</b> Method for sustained release local delivery of drugs for ablation of unwanted tissue						
<b>FILING FEE RECEIVED</b> 534	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		